[redacted]

A/B, 2, 31/2

12 March 1951

TO : [redacted]
VIA : [redacted] A
FM : [redacted]

SUBJ : Bluebird Activity [redacted] Technical Aspects F

Supplementing a report dated 23 February 1951, following is a summary of some technical problems which confronted the B Team in the field.

1. Technical Equipment Available. The team was assured that sufficient technical equipment of good quality existed in the field and would be immediately placed at our disposal upon arrival. This equipment consisted of one wire recorder and the loan of one Polygraph instrument. Repairs were effected on the recorder before it could be used. The quality of this recorder was not considered good enough to record interrogations with the idea in mind that such recordings would be used for future transcription or training purposes. A request was made for equipment, possibly renting locally. A search was made in the local market and no such equipment to fit our needs could be found. Mr. [redacted] succeeded in getting one Home Model American Tape Recorder. This machine was immediately put to use.

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The Polygraph instrument was used only as a cover. However this was fortunate, since the Electrodermal Unit was inoperative in each session. Repairs were not attemped since it was indicated that facilities for repairs existed locally.

2. Results. Recordings were made of all pertinent questioning and were of average quality. A complete transcription has since been made. The need for portable photographic equipment was urgent. Nothing in this type of equipment could be located when needed.

3. Recommendations. Prior to future trips, the B Team should be completely informed of existing equipment in field stations prior to their departure. However in this connection preparations are now being made to have in readiness complete units of technical equipment

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for immediate use. Consequently should there be a shortage of desirable equipment, it could be immediately be dispatched to the field installation.

[redacted] and [redacted] (field station) were pleased with the record made in this case. Both requested that recommendations be made on the purchase and use of technical equipment for field operations. A memorandum was sent to [redacted] on 1 March, making such recommendations. This memorandum included such items as recording equipment, photographic and miscellaneous technical items. Any assistance or further inquiries were invited.

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A [redacted]

[redacted] A/B, 2, 31/3

MEDICAL REPORT

It was deemed hazardous to attempt I.V. treatment in this case because the Subject had been threatened - before our arrival - with drugs and/or truth serum. Hence, even re-enforcement of oral medication with I.V. could not be utilized because of the inevitable tell-tale needle marks which would have resulted if it had been administered. In addition, Subject had expressed a violent dislike of the use of needles for any reason.

H-B/3 Fortunately, we were able to accomplish our goal by oral medication, plus [redacted] As has been reported non-medically - three interrogations were conducted: on 15, 16, and 18 January. All were held evenings.

The amounts and, in general, the effects of the medication were similar at each session.

The Subject complained upon the first day of having been ill since early morning (this before the examination). He said he had been sick in his stomach, and that he had vomited. I went over him carefully, and found that although he had slight abdominal tenderness, he was not seriously acutely ill. His heart action was good, his blood pressure within normal limits, and his lungs were free from any acute inflammation (there is a history of pulmonary tuberculosis in this case). Palpable arteries were hard and tortuous (arterio-sclerosis).

Neurologically, the pupils reacted only slightly to either light or distance. The knee-jerks were sluggish. It is probable that these signs were due to cerebral arterios_clerosis. No organic speech defect was present.

Psychiatric impressions: The Subject was slightly euphoric - which is probably usual for him. He claimed, however, to be unhappy, especially because of his arrest and his acute physical symptoms (mentioned above). He was well oriented. No gross memory defect was apparent. As to the letter he had been writing when we entered, that of itself would not be a definite indication of mental disturbance, for he may have been simply attempting to notify influential acquaintances as to his whereabouts, or may on the other hand having been trying to impress us with his importance.

H-B/3 NOTE: This letter was a form of greeting to the [redacted] and the exact reason for Subject's writing same was unknown.

Upon the completion of the examination, I told him he seemed nervous. He did not agree with this, but admitted that it was possible.

After two polygraph tests, it was found (as pre-arranged by us) that the Subject was "too tense and nervous" to register accurate results. Hence, it was pointed out to him that it would be necessary, for his own good, to give him a "bromide powder" to help him relax. Accordingly, he was given six grains of sodium amytal - mixed in approximately two ounces of warm water - with some cold water to remove the bitter taste of the drug.

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In about twenty minutes, the Subject became drowsy, yawned, blinked his eyes, and soon was fast asleep. After five to ten minutes of deep slumber, efforts were made to arouse him. This required about seven more minutes at this time. During this period, I gave him relaxation suggestions - reaffirming that this was the purpose of the medication. When the Subject had been induced to reach the desired state, he was regressed as indicated on the recordings.

In approximately two hours from the time the medication was administered, the Subject became sufficiently conscious to prohibit the safe utilization of [redacted] at that time. Interrogation was suspended and he was fed and allowed to sleep.

B/3 During the [redacted] I gave the Subject two important suggestions (1) that he forget everything he had said during the [redacted] and (2) that he would feel much better the next day (both emotionally and physically). So far, as we know, both suggestions "worked"!

The second session was practically identical with the first. The Subject had been told by [redacted] that the reason for another interview was A that he had been too sick the first day - with emphasis upon the illness (nausea and vomiting) which had existed before our arrival. The dosage, administration and the time elements corresponded well with the first session. The regressions were more vivid this time, which seems important to me. The two suggestions mentioned above were repeated - successfully as before.

The third session was initiated by further machine runs. Again (by previous agreement among ourselves) the Subject was found "too nervous". Again, he agreed with this himself. At the third interrogation, the medication was more rapid and profound in its effect than before - probably because of some alcoholic beverages which had purposely been given him earlier in the day. However, no better effects were noted: In fact it was so difficult to awaken him that, after approximately fifteen minutes' attempt, I gave him two grains of caffeine intramuscularly (which leaves no needle scar such as I.V. would) in order to expedite the production of the proper state for S.I. Except as noted below, the only variation from the first two sessions was that he apparently startled himself out of the [redacted] state at the end by a subconscious revelation of a man's name, although he had no conscious knowledge or recall B/3 of this. (The above is not an extremely unusual phenomenon. A terrific emotional and ideational conflict due to a clashing within the subsconscious is known to have occurred.)

During the third session, especially while the Subject was conditioned by the suggestions as to relaxation - he was mentally immunized against thought control by the enemy, either with or without the use of drugs. He was again instructed to forget everything said during the [redacted] - including any conscious recall of this immunity.

It became apparent toward the end of the third interrogation that Subject's physical condition had suffered a considerable deterioration. Subject's pulse, while not alarming, showed some fluttering and was generally weaker, Subject's respiration became labored and painful (Subject's own statements), Subject became completely irrational and disoriented and ultimately,

Subject lost all ability to stand or walk and was carried in a semi-conscious condition to his own bedroom. Subsequently, he in turn was irrational then apparently felt that he was dying as he asked for his crucifix, crossed himself numerous times, prayed aloud and made gestures of a religious nature.

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ADDITIONAL NOTES

1. We know the man was unconscious during sleep because you could touch your fingers to his eyes without response.
2. He could not possibly have lied during the [redacted] (even if he were a pathological liar). Everything he said during that state was true to him: If anything he thus said were actually false to fact, it would show him to have been mistaken, or psychotic - not lying!
3. The Subject maintained an honestly friendly attitude toward us - due to his amnesia. If this has since changed, it would have been due to one thing only - someone having told him that we extracted information from him. I hope and pray that this has not happened!
4. From a medical point of view, Subject was definitely under total effect from the medication. In my opinion, he was not faking, acting or any combination thereof.
5. There was no indication, physically or mentally, that Subject had been "conditioned" either by H processes or via administration of drugs by another agency prior to our interrogation.

HHB/3

A. [redacted]